

**Maryland Board of Pharmacy
Public Meeting
Minutes**

Date: July 21, 2010

Name	Title	Present	Absent	Present	Absent
Anderson, C.	Commissioner	X		1	0
Bradley-Baker, L.	Commissioner	X		1	0
Chason, D.	Commissioner		X		1
Finke, H.	Commissioner	X		1	0
Handelman, M.	Commissioner	X		1	0
Israbian-Jamgochian, L.	Commissioner/Treasurer	X		1	0
Leandre, A.	Commissioner		X	0	1
Matens, R.	Commissioner	X		1	0
Souranis, M.	Commissioner//President	X		1	0
Taylor, D.	Commissioner	X		1	0
Taylor, R.	Commissioner/Secretary	X		1	0
Zimmer, R.	Commissioner		X	0	1
Bethman, L.	Board Counsel	X		1	0
Gibbs, F.	Board Counsel	X		1	0
Banks, T.	MIS Manager	X		1	0
France, Kimberly	Compliance Manager	X		1	0
Gaither, P.	Administration and Public Support Manager	X		1	0
Goodman, S.	Licensing Manager	X		1	0
Jeffers, A.	Legislation/Regulations Manager	X		1	0
Naesea, L.	Executive Director	X		1	0
Waddell, L.	Executive Secretary	X		1	0

Subject	Responsible Party	Discussion	Motion	Board Action
Executive Committee Report(s)	A. M. Souranis, Board President	<p>A. M. Souranis called the Public Meeting to order at 9:05am.</p> <p>B. M. Souranis requested all meeting attendees to introduce themselves and to remember to sign the guest list before leaving the meeting</p> <p>C. M. Souranis reported that guests will be given packets of materials so that they can follow meeting discussions. He requested that all guest return their draft packets before they leave the meeting.</p> <p>D. M. Souranis asked all members of the Board with a conflict of interest relating to any item on the agenda to notify the Board at this time or when the issue is addressed in the agenda.</p>		E. The Board voted to approve the minutes

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		<p>E. Revisions to Minutes: Approval of June 16, 2010.</p> <p>F. M. Souranis reported on the following meeting updates:</p> <p>1. Health Occupations law in Law Book encourage good communication with constituents.</p> <p>2. The Board is requesting a room for up to 50 people to accommodate pharmacists that will attend the meeting to earn credits under the new CE regulations. .</p> <p>3. M.Souranis noted the new format for agenda. Committee Chairs and Managers are to provide the majority of reports during the Board Meetings.</p> <p>4. The new minute process for Board meetings entails, the minutes being submitted to Sec. Rodney Taylor within a week and a half following each meeting. After R. Taylor makes his revisions, the minutes may be sent to Board members for comments and concerns. R. Taylor should set a firm date for when all informal comments will be accepted from Board members and submit final to T. Banks for posting on the web site by the second Thursday of each month.</p> <p>5. Managers will no longer report state stats during their presentations . State stats will be printed and placed on the podium along with the agenda.</p> <p>6. All Board members received the policy statement for representing the Board at meetings.</p> <p>7. M. Souranis thanked former president D. Taylor for his strong leadership during his tenure as president.</p> <p>8. M. Souranis Congratulated Linda Bethman for her ten year anniversary working with the State of Maryland. .</p> <p>9. M. Souranis announced the appointment of new Consumer Board member Zino St. Cyr.</p> <p>10. M. Souranis congratulated and wished S. Goodman farewell in her new position at DLLR as Special Assistant to the Secretary. Also he</p>		<p>as amended</p>

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		<p>bid Board member A. Leandre farewell and thanked him for his hard work during his term with the Board of Pharmacy as a Consumer Member.</p>		
<p>II. Staff Operations Report (s)</p>	<p>A. L. Naesea, Executive Director</p>	<p>1. L. Naesea reported on the following Staffing & Operations Updates:</p> <p>1. Welcomed M. Souranis and L. Israbian-Jamgochian to their new position. She also gave thanks to D. Taylor for a stellar job as Board President.</p> <p>2. L. Naesea welcomes Erin McMullan, assigned Sunset Reviewer, to the Board meeting.</p> <p>3. The Board met with Pam Leonard, Internal Auditor who would like the Board to create a new database that consolidates the cash received with the licenses and permits issued. . She noted that information was consolidated in this manner in the in the past, but the Board had been told by auditors that they did not need to collect the information in that format.</p> <p>4. The Senior Aides have been a significant help with the phone coverage and calls are much better managed, though still not perfect.</p> <p>5. L. Naesea and A. Jeffers had a conference call with the federal Dept. of the Environment about disposal of medications. The conference discussed different initiatives taken in Maryland to address medication disposal. A meeting to further discuss is planned with Wendy Kronmiller and others on July 27, 2010.</p> <p>6. Gary Goldberg and Arch Thacher (who has since retired) met with Board staff, L. Naesea, T. Banks, and P. Gaither about the Systems</p>		

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		<p>Automation proposed database project. Board staff asked about their secondary need for a scanning system to help manage files and limit the need to store hard copies .</p> <p>7. L. Naesea and T. Banks subsequently met with Lexmark company through a referral from Mr. Goldberg to discuss their document imaging resources. The company offered to do a demonstration on July, 29, 2010. The maximum amount of money for this project would be \$30,000.00 or less. The project would involve scanning most documents and integrating that system with the new database system.</p> <p>8. T. Banks spoke with Systems Automation who also offered to do a demonstration on their document scanning product. T. Banks also reported that Daily Computers is interested in bidding on the scanning project.</p> <p>9. L. Naesea reported that the Board will need to hiring a scanning company to help the Board with moving forward to automation as long as the company's systems is compatible with Systems Automation. L. Naesea asked that the Board to accept the request of moving forward with the scanning project.</p> <p>10. Funds for the e Systems Automation project were not appropriated in the Board's 2011 budget because the Board had anticipated that the Towson project would be completed when the 2011 budget projections were made two years earlier. The Board was advised by John</p>	<p>9. Motion:</p> <p>L. Israbian-Jamgochian made a motion to explore the utilization of a document management company.</p> <p>D. Taylor seconded the motion.</p>	<p>9. Board Action:</p> <p>The Board voted to approve the motion.</p>

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		<p>Newman, that the Department of Budget and Management will not approve budget amendments that have not been approved by the Legislature. He suggested that the Board revise the funding need for FY 2011, and create a budget deficit in hopes that the Legislature will understand the urgency in starting the project during FY 2011..</p> <p>11. L. Naesea reported that Summar Goodman will be leaving the Board and her last day is Tuesday, July 27, 2010. S. Goodman has accepted a promotional position as a Assistant to the Secretary for the Department of Labor, Licensing and Regulations. L. Naesea thanked S. Goodman for her contributions in strengthening the Board's Licensing Unit and wished her well in her new position.</p>		
	<p>B. P. Gaither, APS Manager</p> <p>Board Statistics- See handout</p>	<p>1. P. Gaither reported on the following Staffing updates:</p> <p>A. Summar Goodman will be leaving the Maryland Board of Pharmacy on July 27, 2010.</p> <p>B. The Board has three vacancies:</p> <p>1. Laurie Cohen position- freeze exempt received and recruitment will be initiated.</p> <p>2. Summar Goodman position- freeze exempt is being requested.</p> <p>3. Nancy Richards – a request to reclass her as the Lead Inspector has been submitted.</p> <p>4. Once the Inspector position is vacated by Nancy Richards, recruitment for her position will be initiated.</p> <p>2. P. Gaither reported on the following regarding the Public Relations Committee</p> <p>a. The Pharmacist CE program will be held on Sunday, October 3, 2010 at the Radisson at Cross Keys. The Board will be honoring Pharmacists who have practiced for 60 years or more. The Committee is working on formal invites to send to Pharmacists that will be honored.</p> <p>b. The Emergency Preparedness Committee will host the Board's a Volunteer training on November 21, 2010 at the Westin Hotel at BWI Airport.</p>		

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		<p>c. The ASCP Conference will be held in Rocky Gap, Maryland. <u>Janet Seeds</u> will host the exhibit table for the Board.</p> <p>d. The CE training and Emergency Preparedness Volunteer Training will be mentioned in the upcoming Newsletter.</p>		
	<p>C. T. Banks, MIS Manager</p> <p>Board Statistics- See handout</p>	<p>T. Banks reported on the following MIS Unit Updates</p> <ol style="list-style-type: none"> 1. The Help Desk contract will end September 2010. T. Banks would like to renew the Help Desk contract to continue to support the Board while MIS staff completes the database, inspection and scanning projects. 2. Pharmacy Technician applicants can now look online to find out their application status. S. Goodman reorganized the Pharmacy Technician files and candidate numbers are used to identify non-approved files. 		
	<p>D. K. France, Compliance Unit Manager</p> <p>Board Statistics- See handout</p>	<p>K. France reported on the following:</p> <ol style="list-style-type: none"> 1. The Board inspectors will now wear lab coats and badges when performing inspections. There will be an article and photographs in the fall Newsletter to announce these changes and introduce inspectors to licensees and permit holders. 2. Anthony Tomassello read the PEAC stats and mentioned an upcoming PEAC CE Program on 9/25/10 3. Inspection report given by K. France 		
	<p>E. A. Jeffers, Rgs/Lgs. Manager<i>(Include only if</i></p>	<p>1. Regulation Updates</p> <p>a. <u>10.34.03 Inpatient Institutional Pharmacy</u></p>		

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	<i>she has anything to report)</i>	<p>Released for informal comment from 062410 – 071610. To be discussed at July Practice Committee Meeting</p> <p>b. <u>10.34.20 Format of Prescription Transmission</u></p> <p>3 Official Comments received to be discussed at the July Practice Committee Meeting</p> <p>C. <u>10.34.23 Pharmaceutical Services to Patients in Comprehensive Care Facilities</u></p> <p>Published June 4, 2010, No comments received. To be discussed further under the Practice section.</p> <p>d. <u>10.34.25 Delivery of Prescriptions</u></p> <p>To be discussed further under the Practice section.</p> <p>e. <u>10.34.28 Automated Medication Systems</u></p> <p>To be discussed further under the Practice section.</p> <p>f. <u>10.13.01 Dispensing of Prescription Drugs by a Licensee</u></p> <p>Continued contact by LaVerne with Wendy Kronmiller . Discussion ensued concerning the delays with the other Boards and the Department in addressing the Board's issues, as well as, the possibility of pursuing a statute change. The Board directed LaVerne Naesea to schedule another meeting with the Board of Physicians, Board of Dental Examiners, the Board of Podiatric Medical Examiners and the Division of Drug Control before September 1, 2010. It was requested that Board Members of the Board of Physicians be present. Rodney Taylor and Harry Finke will attend on behalf of the Board.</p> <p>2. Status of Proposed Legislation</p> <p>a. Legislative Proposal submitted to the Office of Governmental Affairs on July 14, 2010: Health Occupations - Pharmacy – Licensure of Pharmacists</p>	<p>f. Motion by Rodney to schedule one additional meeting as discussed</p> <p>Second by L. Israbian-Jamgochian</p>	<p>f. Board voted to approve the motion</p>

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		<p>b. Legislative “place holder” submitted to the Office of Governmental Affairs on July 14, 2010: Health-General – Prescription Drug Repository Program – Disposal</p> <p>c. CLIA – The Board was asked to ratify the letter sent to Michael Wajda on July 16, 2010.</p> <p>Discussion ensued regarding the original intent of HB 1089 and the regulations that were drafted by the Laboratories Administration. The regulations apply only to “excepted tests” and not all CLIA waived tests as set forth in HB 1089. Frustration was expressed that the promulgation process for these regulations has taken a long time and “excepting” additional tests will take even longer. It doesn’t make sense that a pharmacist can inject a vaccine into an individual, yet may not do a simple finger stick test for diabetes. It was decided that LaVerne Naesea would e-mail Wendy Kronmiller. Pending a response from Wendy Kronmiller and Michael Wajda, a meeting will be scheduled.</p> <p>Lynette Bradley-Baker will address this issue with the Maryland Pharmacy Coalition.</p>	<p>c. Motion: L. Israbian-Jamgochian made a motion to ratify the letter as sent.</p> <p>H. Finke seconded the motion.</p>	<p>c. Board Action:</p> <p>The Board voted to approve the motion.</p>
III. Committee Reports	A. H. Finke, Chair, Practice Committee	<p>1. Review of Draft Regulations</p> <p>a. <u>10.34.23 Pharmaceutical Services to Patients in Comprehensive Care Facilities</u></p> <p>Published June 4, 2010, No comments received. Submitted to the Board for approval to adopt as proposed and further discussion.</p> <p><u>Md. R. June 4, 2010 COMAR 10.34.23</u></p> <p>Cindy Anderson suggested that the words “unless the context requires otherwise” be deleted from the definition of “Licensed pharmacist” in Regulation .02 of the chapter. Linda Bethman advised that this is a non-substantive change. The Board voted to adopt the regulations as proposed with that change in the Notice of Final Action.</p>	<p>1.a. Motion:</p> <p>R. Matens made a motion to adopt the regulations as proposed.</p> <p>H. Finke seconded the motion</p> <p>1. a. C. Anderson made a motion to make a non-substantive change.</p> <p>Don Taylor seconded the motion.</p>	<p>1.a. Board Action:</p> <p>The Board voted to approve the motion.</p> <p>1.a. Board Action:</p> <p>The Board voted to adopt the regulations as proposed with one non-substantive change.</p>

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		<p>b. <u>10.34.25 Delivery of Prescriptions</u> Submitted to the Board for approval of clarifying revisions to the proposal.</p> <p><u>Final for submission 10.34.25 072110</u></p> <p><u>The revision reflected the intent of the Board that temperature sensing devices would only be used if the pharmacist found, in the pharmacist's professional judgment, that the temperature sensing device was necessary.</u></p> <p>c. <u>10.34.28 Automated Medication Systems</u> Submitted to the Board for approval of revisions to proposed re-proposal.</p> <p><u>Reproposal 10.34.28 III 072110</u></p> <p>Language was added to accommodate an exception for automated supply towers in decentralized and remote automated medication systems. The proposal was returned to Practice to discuss Kaiser Permanente's pharmacy technicians selecting medications.</p>	<p>1.b. Motion: D. Taylor made a motion to approve the proposal as revised.</p> <p>M. Handelman seconded the motion.</p> <p>1.c. Motion: D. Taylor made a motion to revise the proposal and submit for promulgation</p> <p>M. Handelman seconded the motion.</p> <p>1.c. Motion: C. Anderson made a motion to discuss the pharmacy technician selection issue in Practice.</p> <p>D. Taylor seconded the motion.</p>	<p>1.b. Board Action: The Board voted to approve the motion.</p> <p>1.c. Board Action: The Board voted to approve the motion.</p> <p>.1.c. Board Action: The Board voted to approve the motion.</p>

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		<p>transferred, the transferring pharmacy loses the right to dispense future refills, but retains ownership or rights of the physical hard-copy of said prescription; is that correct?</p> <p>The primary pharmacy would retain the original prescription if it was received as a hardcopy prescription or order. Once a prescription or order is transferred, it is a permanent transfer which would include any available refills. See COMAR 10.34.04 Transfer and Outsourcing of Prescriptions and Prescription Orders.</p> <p>.03 Permanent Transfer of a Prescription Between Pharmacies. A pharmacist from a primary pharmacy may permanently transfer a prescription order to a secondary pharmacy to be dispensed to a specific patient if:</p> <p>A. The prescription is lawfully refillable; B. The prescription is not for a Schedule II controlled dangerous substance noted in Criminal Law Article, Title 5, Subtitle 4, Annotated Code of Maryland; C. The pharmacist transferring the prescription from the primary pharmacy indicates on the prescription, within the prescription computer database and within any appropriate other records used for dispensing:</p> <p>(1) That the prescription has been permanently transferred; (2) The name of the secondary pharmacy; (3) The name of the pharmacist who transferred the prescription to the secondary pharmacy; (4) The name of the pharmacist at the secondary pharmacy to whom the prescription was transferred if the transfer occurred in an oral manner; and (5) The date on which the prescription was transferred to the secondary pharmacy.</p> <p>2. A pharmacy produces a three-part PMOF (Physician Medication Order Form) for the patients of an assisted living facility every three months (3 separate fills of 30 days each). A prescription number is assigned to each and every medication listed on the PMOF, and the PMOF is then sent to physician for signature. In order to approve the PMOF, the physician must initial each medication on the form, make applicable changes as necessary, sign and date the PMOF, and return it to the pharmacy. Once returned to the pharmacy, the pharmacist then notes any changes the doctor has made to the PMOF and must enter said changes into the patient's computer record. Once this has been done all the medications listed on the PMOF may then be</p>	<p>M. Handelman seconded the motion.</p>	

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		<p>dispensed. The medication is then delivered to the assisted living facility, along with a copy of the PMOF for the facility's record keeping requirements by the state.</p> <p>a) Who retains the rights of ownership to the copy of the PMOF given to the assisted living facility?</p> <p>Once a prescriber signs the prescription or order and hands it to the patient, it is owned by the patient. Residents of assisted living facilities also own their prescriptions or orders. Indeed, a resident of an assisted living facility is treated the same as any retail customer.</p> <p>b) Is it permissible for the assisted living facility to give their copy of the dispensing pharmacy's PMOF to a competing pharmacy without the express consent of the dispensing pharmacy or patient?</p> <p>It is not permissible for an assisted living facility to give their copy of the PMOF to a competing pharmacy. The competing pharmacy must request a proper transfer or contact the prescriber for a new prescription.</p> <p>c) If a competing pharmacy was given the copy a dispensing pharmacy's PMOF that showed valid cycle fills available, is it permissible for a competing pharmacy to dispense medication to a patient of an assisted living facility (without calling for transfer) prior to acquiring their own signed, dated PMOF from the patient's physician, if waiting for the PMOF's return from the physician would result in the medication not being delivered in a timely fashion?</p> <p>The competing pharmacy must request a proper transfer or contact the prescriber for a new prescription.</p> <p>b. Laura Lees, Johns Hopkins Hospital</p> <p>Johns Hopkins Hospital - sample of monoclonal antibodies 061710</p> <p>Response – sample of monoclonal antibodies</p> <p>Harry Finke would work with Anna Jeffers to revise the letter.</p> <p>Thank you for contacting the Maryland Board of Pharmacy</p>	<p>3b. Motion: Practice Committee made a motion to approve the letter as written.</p> <p>D. Taylor seconded the motion.</p> <p>3b. Motion: C. Anderson made a motion to approve the letter as amended so that it answered the question.</p> <p>M. Handelman seconded the motion.</p> <p>4a. Motion:</p>	<p>3b Board Action: Motion amended</p> <p>3b Board Action: The Board voted to approve the motion.</p> <p>4a2. Board Action: The Board voted to approve the motion.</p>

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		<p>concerning whether a pharmacy would be in compliance with the Maryland Pharmacy Act when supplying a very small sample (500 mcg/ml or a max of 1ml) of the monoclonal antibody from a used vial to an immunogenetics laboratory for the purposes of validating their assay and determining whether the monoclonal antibody medication is interfering with the assay. The remnant of the drug is not being used to treat a patient, nor is it being used for animal research.</p> <p>It would not be a violation of the Maryland Pharmacy Act to supply a very small sample of a monoclonal antibody from a used vial to an immunogenetics laboratory for the purpose of validating their assay and determining whether the monoclonal antibody medication is interfering with the assay, so long as there is proper documentation and it is received by an authorized individual at the laboratory.</p> <p>Please also refer to the Maryland Laboratories Administration at their website: http://www.dhmd.state.md.us/labs/ You may also contact Michael Wajda, Deputy Director, at MWajda@dhmd.state.md.us</p> <p>4. Letters for Board Approval a. Alan Friedman, Kaiser Permanente</p> <p>Pyxis_MD_BOP_6.22.10 Kaiser Permanente</p> <p>Board Response – Usage of Pyxis in Ambulatory Care Centers</p> <p>The letter was revised to comply with the existing regulations.</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether it complies with Maryland law for Kaiser Permanente (“Kaiser”) to use a Pyxis machine in an outpatient medical care center. Kaiser intends to use the Pyxis machine to track, store and manage medication in some of the clinical areas within its outpatient medical care centers. Each Pyxis machine would be stocked by a licensed Maryland pharmacist or registered Maryland pharmacy technician. In the clinical areas where the Pyxis machine will be located, the Pyxis machine will be stocked from the licensed pharmacy on site. When a unit dose is not available, the medication will be stored as a single unit of use. Only physicians or other licensed health care professionals</p>	<p>C. Anderson made a motion to approve the letter as written.</p> <p>R. Matens seconded the motion.</p> <p>4a2. Motion: Practice Committee made a motion to approve the letter as amended.</p> <p>L. Israbian-Jamgochian seconded the motion.</p> <p>4a3. Motion: Practice Committee made a motion to approve the letter as written.</p> <p>D. Taylor seconded the motion.</p> <p>4b. Motion: H. Finke made a motion to approve the letter as written.</p> <p>M. Handelman</p>	<p>4a3. Board Action: The Board voted to approve the motion.</p> <p>4b Board Action: The Board voted to approve the motion.</p>

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		<p>legally authorized to administer medication will be able to access drugs from the Pyxis machine. Medications obtained from the Pyxis machine will be administered to patients on site in the clinical area that the Pyxis machine services. The Pyxis machines will not be used to dispense medication to patients to take home.</p> <p>Please be advised that the scenario described above would comply with the existing automated medication system regulations, so long as the medication is a single dose that is administered to the patient at the outpatient medical care center. Please be advised that these regulations are being revised and are in the promulgation process.</p> <p>b. Follow-up_1 Medstar</p> <p>MedStar Extencare Response</p> <p>This is in follow up to your communications with the Kimberly France, Pharmacist Compliance Officer at the Maryland Board of Pharmacy (the "Board"). Specifically, you have requested that the Board review extenCare's "anticipatory compounding program" for compliance with Maryland's pharmacy laws.</p> <p>ExtenCare is a waiver pharmacy that provides sterile compounding services to hospitals in the MedStar health system. The proposed program would entail the production of a limited amount of stock IV compounds for in-patient hospital use. This program is intended to decrease the need for high-risk compounding at the hospital sites. ExtenCare also continues to provide outsourcing services to MedStar's hospitals for patient-specific IV compounds. Based on information provided to the Board, extenCare's current outsourcing functions comply with the Board's regulations.</p> <p>While the Board appreciates the intent of extenCare to streamline its services, the laws regarding outsourcing and anticipatory compounding do not, at present, provide for an exception that would accommodate your proposed program. As you are aware, the Board's outsourcing regulations, COMAR 10.34.04, are limited to the dispensing of patient-specific medications. Furthermore, laws permitting anticipatory compounding contemplate that the</p>	<p>seconded the motion.</p> <p>C. Anderson recused.</p>	

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		<p>compounded medications will be dispensed from the pharmacy pursuant to a prescriber's order or prescription.</p> <p>Since ExtenCare's proposed program would compound and distribute drugs in a non-patient-specific form, it should pursue licensing as a manufacturer with FDA. In addition, the distribution of the stock compounds from ExtenCare to the MedStar hospitals may be exempt from Maryland's distributor requirements if ExtenCare can provide evidence that such distributions are within the "intra-company" exemption.</p>		
	<p>B. M. Souranis, Chair, Licensing Committee</p> <p>Board Statistics- See handout</p>	<p>S. Goodman reported that the Pharmacy Technician Procedures process has changed. The Board will now send all Incomplete applications back to Technicians for resubmission.</p>		
	<p>C. Bradley-Baker, Chair, Public Relations Committee</p>	<p>L. Bradley-Baker reported that there were no additions to the information provided by P. Gaither.</p>		
	<p>D. L. Israbian-Jamgochian, Chair Disciplinary</p>	<p>L. Israbian-Jamgochian reported on the following Committee Updates:</p> <p>A letter about the Theft Loss DEA Form 106 was sent out to DEA, Board of Pharmacy and Division of Drug Control. The Board will post an article in the upcoming newsletter.</p>		

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	Committee Board Statistics- See handout			
IV. Other Business	A. M. Souranis	<p>1. S. Goodman thanked the Board for everything that they have done.</p> <p>2. M. Souranis reported that the September's Board meeting will commence at 9:30 a.m. The meeting for August will commence at normal time.</p> <p>3. D. Taylor reported that DHMH has decided that Pharmacists are now also classified as Health Care Providers. The Department will send out future notifications to everyone and encourages everyone to update their emails to receive DHMH public health announcements.</p>		
V. Adjournment	M. Sousanis, Board President	<p>The Public Meeting was adjourned at <u>11:53</u> a.m.</p> <p>B. At <u>12:40</u> P.M. Souranis convened a Closed Public Session to conduct a medical review of technician applications.</p> <p>C. The Closed Public Session was adjourned at <u>1:10</u> P.M. Immediately thereafter, M. Souranis convened an Administrative Session for purposes of discussing confidential disciplinary cases. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Administrative Session.</p>	<p>Motion: R. Taylor made a motion to close the Public meeting and open a Closed Public Meeting.</p> <p>H Finke seconded the motion.</p>	<p>Board Action: The Board voted to approve the motion.</p>

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